

MONTANA PEACE OFFICERS STANDARDS AND TRAINING ADVISORY COUNCIL

APPLICATION FOR AWARD OF CERTIFICATE

3075 N. Montana, PO BOX 201408, Helena, MT 59620-1408

FULL NAME: _____ AGENCY: _____
SOCIAL SECURITY NO. _____ RANK/TITLE: _____
DATE OF BIRTH: _____ DATE EMPLOYED BY PRESENT AGENCY: _____

Please indicate your field of employment:

- ☐ Peace Officer ☐ Public Safety Communication Officer ☐ ADULT Probation & Parole Officer
☐ Corrections / Detention Officer ☐ Motor Carrier Services Officer ☐ JUVENILE Probation & Parole Officer

Certificate Applied For: _____ Date of Promotion (Required for Sup., Com. & Adm.): _____
☐ Basic ☐ Basic Equivalency ☐ Intermediate ☐ Advance ☐ Supervisory ☐ Command ☐ Administrative

OFFICER EXPERIENCE: *Use additional pages if necessary*

AGENCY: _____ AGENCY: _____
Agency Location: _____ Agency Location: _____
Dates of Employment: _____ Dates of Employment: _____
Highest Rank: _____ Highest Rank: _____

OFFICER TRAINING: ** Training must be supported by copies of transcripts, diplomas, or other verifying documents.*

School Location: _____ Dates of School: _____
Course Title: _____ Course Length: _____

COLLEGE EDUCATION: *Education must be supported by copies of transcripts, diplomas, or other verifying documents.*

College and Location: _____ Dates Attended: _____
Course of study: _____ Hours Completed: _____
Major _____ Minor _____ ☐ Quarter ☐ Semester
Degree Received: ☐ AA ☐ BA ☐ BS ☐ MA ☐ MS

**** This form is to be completed by the applicant and forwarded to the department head for his recommendation.**

I attest the information contained in this application is true and correct to the best of my knowledge.

_____ Date _____ Signature of Applicant

AGENCY RECOMMENDATION:

It is recommended that the certificate be awarded. I certify that the applicant has complied with the minimum standards set forth in the Administrative Rules of Montana, is of good moral character and is worthy of the award. My opinion is based on personal knowledge of inquiry, and the personnel records of this jurisdiction substantiate the recommendation

Date: _____ Signature of Agency Head: _____

[Department head will forward the completed form and all attachments to the Council for action]

POST COUNCIL USE ONLY *[Council action on the application will be reported to the department head.]*

Approved for: _____ Approved by: _____
Date mailed: _____